

realizing that the very need for them is a national disgrace." Some day—maybe—we will develop the same intelligent consciousness about "great public health departments."

However, we are now in a much earlier stage of development in health promotion, and we may continue to expand our fire departments of health until reaction comes and returning sanity again reveals the simpler, cheaper, and more effective method of the individual and family "health counselor." There is a place for organized public health, and there is plenty for such organizations to do. There is even a place for the public health "OFFICER," and there is great need for the public health DOCTOR. The distinction between "officer" and "doctor," as here used, is important and significant: Society needs more health *doctors* and fewer health *officers*. The public health doctor never forgets he is a *doctor*, and many health *officers* never have been doctors in the sense we mean, or, if so, they have forgotten the fact.

WHO FILLS YOUR PRESCRIPTIONS?

Ignorance, mistakes, or worse, on the part of pharmacists and other technicians who fill doctors' prescriptions are reflected with increasing frequency in the public press. Now it is substitution of corrosive sublimate for calomel; then it is inaccurate weighing and consequent overdosage; here it is wrong technique in preparing arsenicals, toxins, antitoxins or other dangerous substances, and there it is some other tragedy from some other form of carelessness, irresponsibility, or worse, on the part of the dispenser.

The doctor's duty is not ended when he writes an order or gives a prescription. He should satisfy himself that his instructions will be carried out by directing the patient, if need be, where he can find reliable service. True, most people once felt they could rely upon the state's license for such service, but it appears that this is now no more reliable in many places as to pharmacists and dispensers of doctors' prescriptions than is the state's license to practice medicine a guarantee of the honesty or ability of a doctor.

Newspaper stories are entirely too numerous of instances of poisoning by "wrong mixtures," "overdosage," substitution or what not, by narcotized, criminally negligent, ignorant, or mentally ill technicians who prepare dangerous supplies for doctors and their patients.

Nothing in this editorial is intended to reflect upon the great majority of prescription pharmacists who are rendering well a necessary service and upon whom physicians and the public rely with confidence. It is their interest as well as that of physicians, and more important still that of the public, that warrants this caution.

DIAGNOSTIC ERRORS

Of all the stupid traditions that hang onto and around the practice of medicine, there is none worse than that old and long since outgrown practice of trying to find some *one* disease that would explain all of the patient's symptoms and then looking no further *before* acting. Then if anything else should show up later, or if the symptoms continued after

the cure, to blame it all upon "complications sequelae or secondary disease."

Only a few years ago, given a patient with a leaking heart valve, and gall-bladder pain, much time was wasted in trying to make one of them the "primary or principal disease" and the other as "secondary or a complication." Too much of this sort of stupidity is still reflected in some hospital and morbidity records.

A great medical teacher has said that he could satisfy himself as to efficiency and thoroughness of a hospital or a physician by the number of **different** diagnoses found in each patient. "*Not primary and secondary complications and sequelae, but diagnoses.*"

The average number of diagnoses in large series of adult patients will show—and some of them do show—from two to six or even more separate troubles for each patient. Of course, there are secondary troubles and complications directly resulting from some other disease. *But this is not the important point from the standpoints of either preventive, ameliorative, or curative effort.*

Such narrow appreciation of the fundamentals of medicine, combined with a certain amount of carelessness, is responsible for a certain amount of unnecessary surgery and other forms of medication. This story and its consequences are seen and recognized by most physicians. It is reflected in many of the scores of letters that pour in daily to the Better Health Service. Patients by the hundreds during the last year have told their troubles, which may be illustrated by one: The patient complained of vague digestive symptoms. Physician's examination showed some tenderness in the right abdomen. The appendix was removed. The symptoms continued. The gall-bladder was removed. The symptoms still continued. The pelvis was examined, and some trouble found. The uterus was placed and fixed. More of the same and, of course, other symptoms. A neuropsychiatrist found a definite neurotic background, and made a diagnosis of hysteria. Appropriate treatment does all that could be done, considering the years of misapplied effort. It does all that was indicated at any time during the patient's illness.

Every physician can tell many stories to the same general effect. A larger proportion of patients than formerly now recognize that physicians make human errors, and more and more intelligent people are judging a physician by his education, his humanity and, above all, *by the earnestness and thoroughness with which he applies himself to his problems.*

Clinical and Serologic Studies of Neurosyphilis With Tryparsamide Therapy—In a series of thirty-seven cases of neurosyphilis, in all of which anti-syphilitic treatment had been given previously, tryparsamide therapy combined with special technic has proved, in the hands of J. M. Wolfshon and Carlos Leiva, San Francisco (Journal A. M. A.), an apparently distinct advance over other forms of treatment. The improvements are mostly symptomatic. Tryparsamide in doses of 2.5 gm. may and does occasionally cause ocular symptoms, but no more often than do other arsenicals. It is one of the best tolerated of the arsenicals used in the treatment of neurosyphilis. It has little or no effect on the serologic reactions in general paralysis. It is distinctly beneficial, both clinically and serologically, in certain types of tabes. Tryparsamide is a distinct addition to the therapy of neurosyphilis.